



# American College of Independent Medical Examiners

## Petition for Fellowship

I hereby file my petition for Fellowship status of the American college of Independent Medical Examiners (ACIME). *I hereby certify that I am a current member of the college in good standing and have met all the requirements for fellowship. I am also enclosing a US \$295.00 application fee, which I acknowledge is non-refundable once paid.*

**Following two current fellows of the college have agreed to be my referee:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Name to appear on ACIME Fellowship certificate: (Please print your name)**

\_\_\_\_\_

**Complete this Fellowship petition form and mail OR fax, along with the following:**

- Payment of **\$295.00 US Funds** by check for ACIME Inc or by credit card
- Current Curriculum Vitae, Copy of Current Medical License or registration

***For Credit Card Payments: (Visa, MasterCard, American Express, Discover)***

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Card Verification Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

***For questions, please contact the American College of Independent Medical Examiners at  
Phone: (304)736-1347 or Fax: (304)733-5243 or Email: [info@acime.org](mailto:info@acime.org)  
Or Visit Our Website at [www.acime.org](http://www.acime.org)  
6470-A Merritts Creek Road, Huntington, WV 25702***